

Motion for Permission to Appeal In Forma Pauperis and Affidavit

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United States Court of Appeals for the Eleventh Circuit

1:07CV616-MHT

2008 JUL -1 A 9:57

v.

DEBRA P. HACKETT, CLERK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

Court of Appeals No. 11

District Court No. ALABAMA MIDDLE DISTRICT

Instructions: Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: 6/30/08

Signed: [Signature]

My issues on appeal are:

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semi-annually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>1040</u>	\$ _____	\$ <u>1040</u>	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interests and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as Social Security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as Social Security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>1040</u>	\$ _____	\$ <u>1040</u>	\$ _____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
DSI	600 West Adams St. BOLIVAR, AL 36303	2/2002 - Present	1040
Wardner ENTP	ATLANTA, GA	6/1997 - 8/2000	4166
Southern Ductile	B'HAM, AL	7/1998 - 5/1999	3666

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Enterprise Bank & Trust	SAVING	\$ 3360	\$ _____
Compass Bank	SAVING	\$ 1,000	\$ _____
		\$ _____	\$ _____

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other Real Estate (Value)	Motor Vehicle #1 (Value)
		Make & Year: 1989 TOYOTA
		Model: TOYOTA TERCEL
		Registration #: JT2EL31DLK0438436
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
		Make & Year: _____
		Model: _____
		Registration #: _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse

7. State the persons who rely on you or your spouse for support.

Name

FANNIE M. REEVES

Relationship

MOTHER

Age

77

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
For home-mortgage payment (include lot rented for mobile home) <u>RENT</u>	\$ <u>216</u>	\$ _____
Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ <u>300</u>	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ <u>80</u>	\$ _____
Medical and dental expenses	\$ _____	\$ _____
Transportation (not including motor vehicle payments)	\$ <u>60</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>10</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)	\$ _____	\$ _____
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ <u>22</u>	\$ _____
Health	\$ <u>88</u>	\$ _____
Motor Vehicle	\$ <u>20</u>	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ _____	\$ _____
Installment payments	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Credit card (name): <u>MASTER CARD</u>	\$ <u>100</u>	\$ _____
Department store (name): _____	\$ _____	\$ _____
Other: <u>HOSPITAL</u>	\$ <u>60</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): <u>MOTHER</u>	\$ <u>100</u>	\$ _____
Total monthly expenses	\$ <u>1056</u>	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes ☐ No If yes, describe on an attached sheet.

CO SIGN STUDENT LOAN
\$27,000

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form?

☒ Yes ☐ No If yes, how much: \$?

If yes, state the attorney's name, address, and telephone number:

I am looking for an Attorney and I am expecting expenses.

11. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☐ No If yes, how much? \$

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

My Expenses are far beyond my take home pay and I am using SAVINGS to make end meet. I was using overtime but there has not been any significant amount lately.

13. State the address of your legal residence.

B-12 Chattahoochee Court

EUFAULA, ALA. 36027

Your daytime phone number: (334) 687-7336

Your age: 56 Your years of schooling: 4

Your Social Security number: 420-76-3519